

Name
in
Full

Marquerette Adams

CERTIFICATE OF DEATH

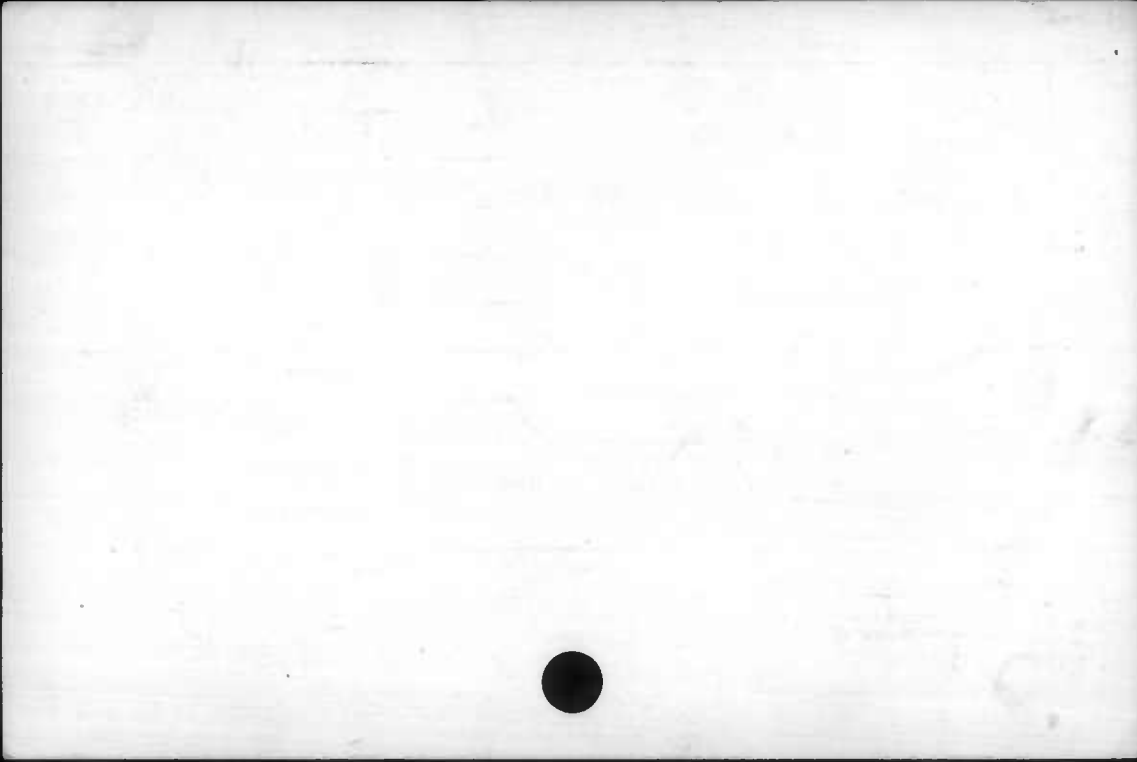
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Marmessco		Somerset					
Date of death		Month	Day	Age	Years	Months	Days
1940		Jan	11	72			3
Sex		Color or Race		Birth-place			
Female		White		Somerset			
Occupation		Where Residing if not at place of death					
Stamwork							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		J. B. Adams					
Father's Name		Father's Birthplace					
Henry Matthews		Somerset Co					
Mother's Maiden Name		Mother's Birthplace					
Marguerette Matthews		Somerset Co					
Name of person giving Information		How related to deceased					
M. Fred. Casner		Nephew					

CAUSES OF DEATH

Primary		How long	
1891			
Immediate		How long	
Died Suddenly of Heart Failure, Suddenly			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
74		J. G. B. Allen	
Address		Marmessco, Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Chas Anderson
Died at Deal Island County Somerset MARYLAND
Date of death 1900 1 12 Age 3
Sex Male Color or Race Colored Birth-place Deal Island
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Charles Anderson Father's Birthplace Deal Island
Mother's Maiden Name Mary Johnson Mother's Birthplace " "
Name of person giving Information Sarah J Anderson How related to deceased Aunt

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary Hemorrhage (from mouth & nose) How long 2 days
Immediate Anemia How long 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Geo B. Forner
Deal Island Md
Sub Registrar

Accident or Suicide



Name
in
Full

Archie Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

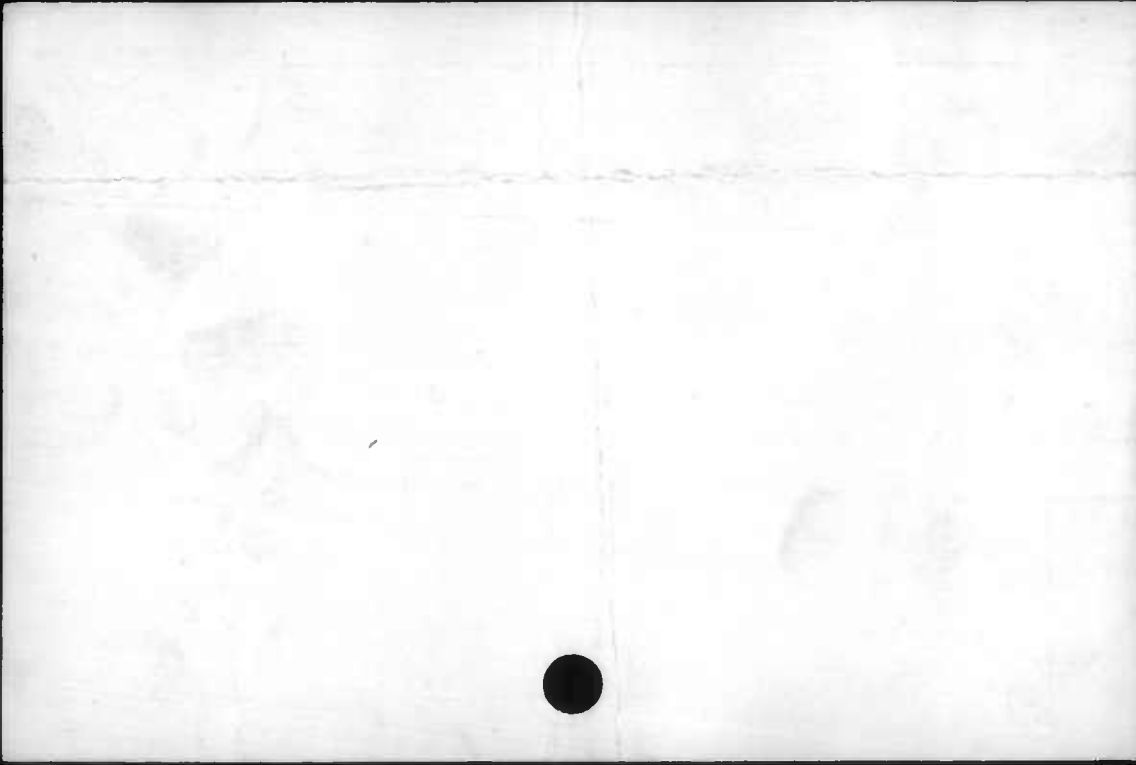
Died at <i>near Prince Georges</i>		County <i>Somerset</i>		MARYLAND	
Date of death 19 <i>10</i> <i>Jan</i>		Month <i>19</i>	Day <i>19</i>	Age <i>31</i>	Months <i>✓</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>Coachman</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma Anderson</i>				
Father's Name <i>Jacob Anderson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sally Bird</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Wm Nutter</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>4 months</i>
Immediate <i>Heart failure</i>	How long <i>Few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Laufford</i>
	Address <i>Prince Georges, Maryland.</i>
Accident or Suicida <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lanissa J. Armstrong

Town *Dorchester* County *Somerset*

Died at *Dorchester Somerset*

MARYLAND

Date of death 19*00* Month *1* Day *21* Age *3-1* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Somerset Co*

Occupation *Housewife* Where Residing if not at place of death *" "*

Married, ~~Single~~ *Married* Name of Wife or Husband *Herod Armstrong*

Father's Name *Isaac Anderson* Father's Birthplace *Som Co*

Mother's Maiden Name *Mary Ann Harsy* Mother's Birthplace *" "*

Name of person giving Information *Emma Jones* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *5 hours*

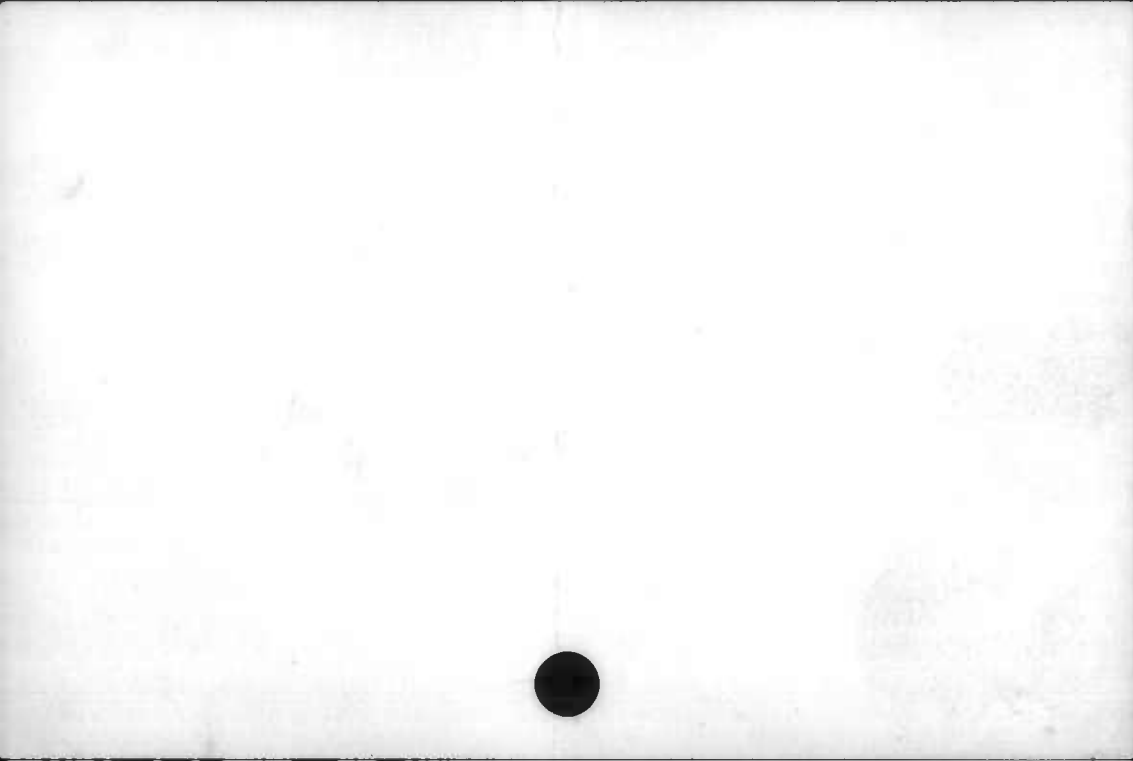
Asphyxia How long *1 "*

Immediate

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *H. J. Alexander* Address *Somerset Co.*

Accident or Suicide *neither*



Name
in
Full

Hester Anne Balland

CERTIFICATE OF DEATH

Died at Coster Sta

Town

Somerset

County

MARYLAND

Date of death 1990 July

Month

Day 28

Age

Years 45

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Somerset Co.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

✓

Father's
Name

John Balland

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Adeline Coster

Mother's
Birthplace

Somerset Co.

Name of person giving
In formation

Huwat Coster

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Bright's Disease Rheumatism

How long

4 Weeks

Immediate

General debility

How long

✓

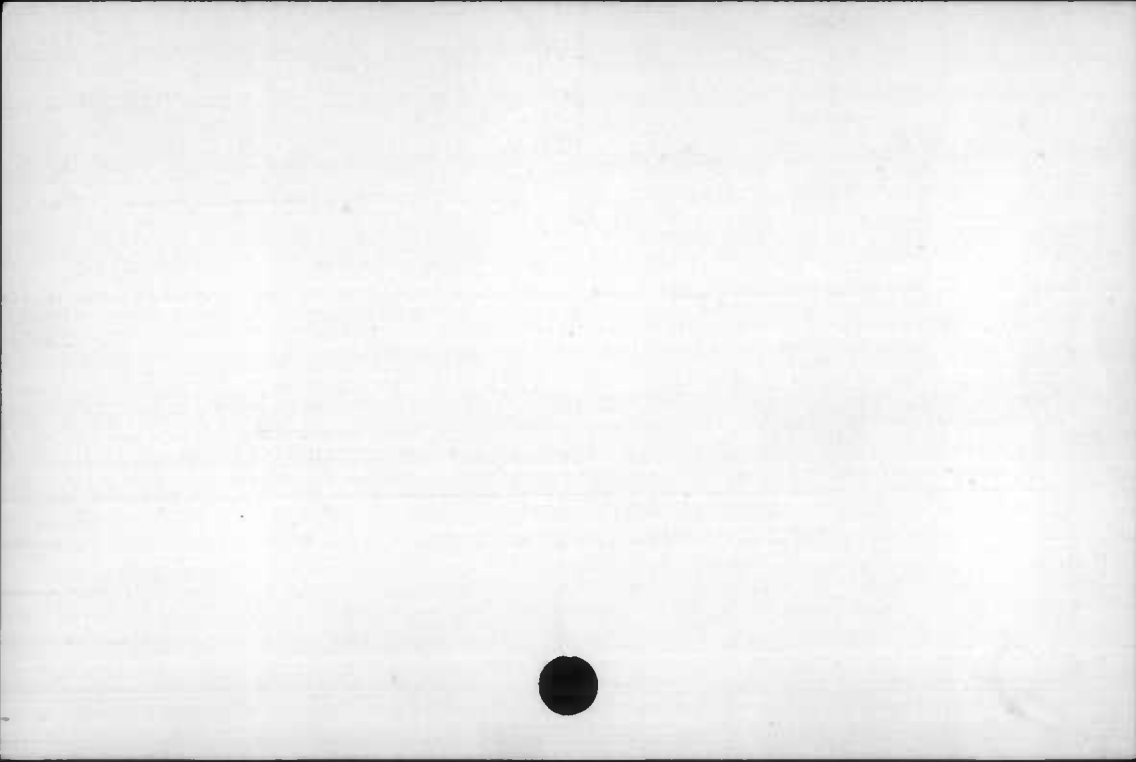
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. Beebe
Pocomoke City, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm

1 Bevans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

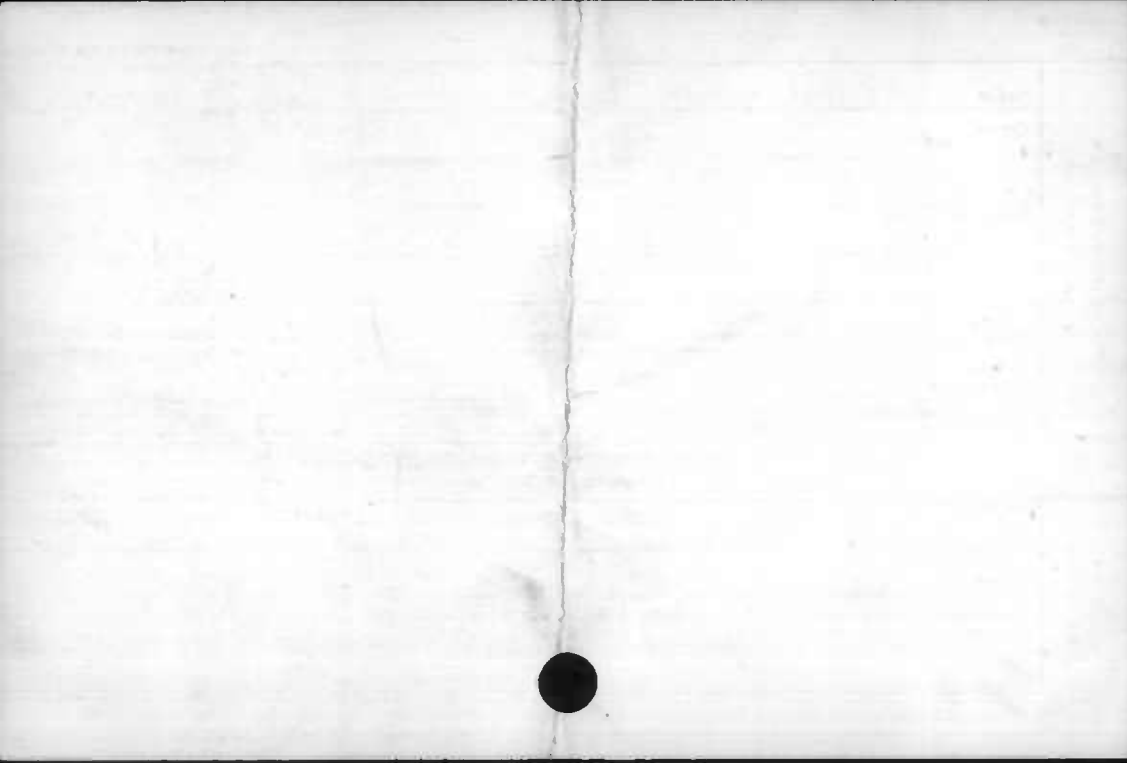
Died at		Town Marion		County Somerset		MARYLAND	
Date of death		1960	Month Jan	Day 17	Age	Years 6	Months 1
Sex		Male		Color or Race Black		Birth-place Somerset Co	
Occupation		Infant		Where Residing if not at place of death			
Married, Single or Widowed		Infant		Name of Wife or Husband			
Father's Name		James Bevans				Father's Birthplace Somerset Co	
Mother's Maiden Name		Lida Kane				Mother's Birthplace " "	
Name of person giving Information		Geo H. Bevans				How related to deceased Uncle	

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

Primary		How long	
Moroasmus		2 mos	
Immediate		How long	
General Exhaustion		Wont know	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr E. G. B. Allen	
		Address	
		Marion Md.	
Accident or Suicide			



Name
in
Full

Henrietta Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

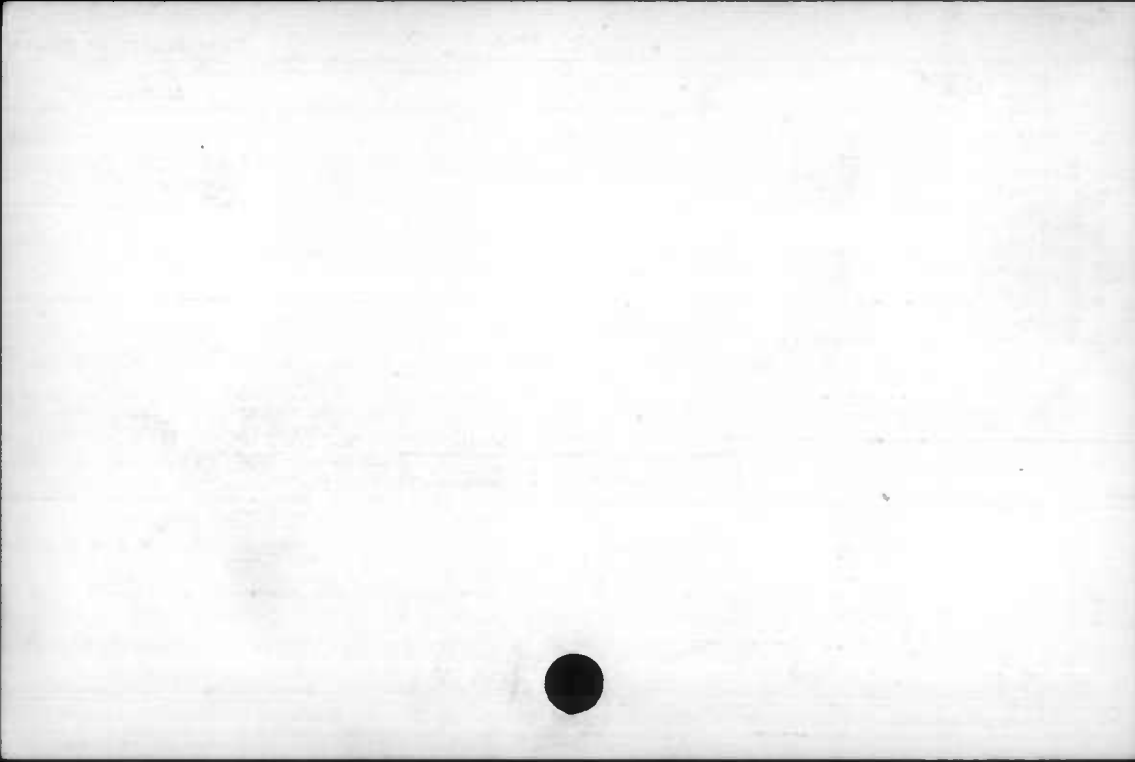
Died at <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>January</i>	Day <i>30th</i>	Years <i>—</i>	Months <i>16</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Princess Anne Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Raymond Blake</i>	Father's Birthplace <i>Somerset Co. Md</i>				
Mother's Maiden Name <i>Annie Wilson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Chas. Johnson</i>	How related to deceased <i>none.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>6 weeks.</i>
Immediate <i>Delayed resolution & exhaustion</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
	Address <i>Princess Anne Md.</i>
Accident or Suicide <i>No.</i>	

93



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

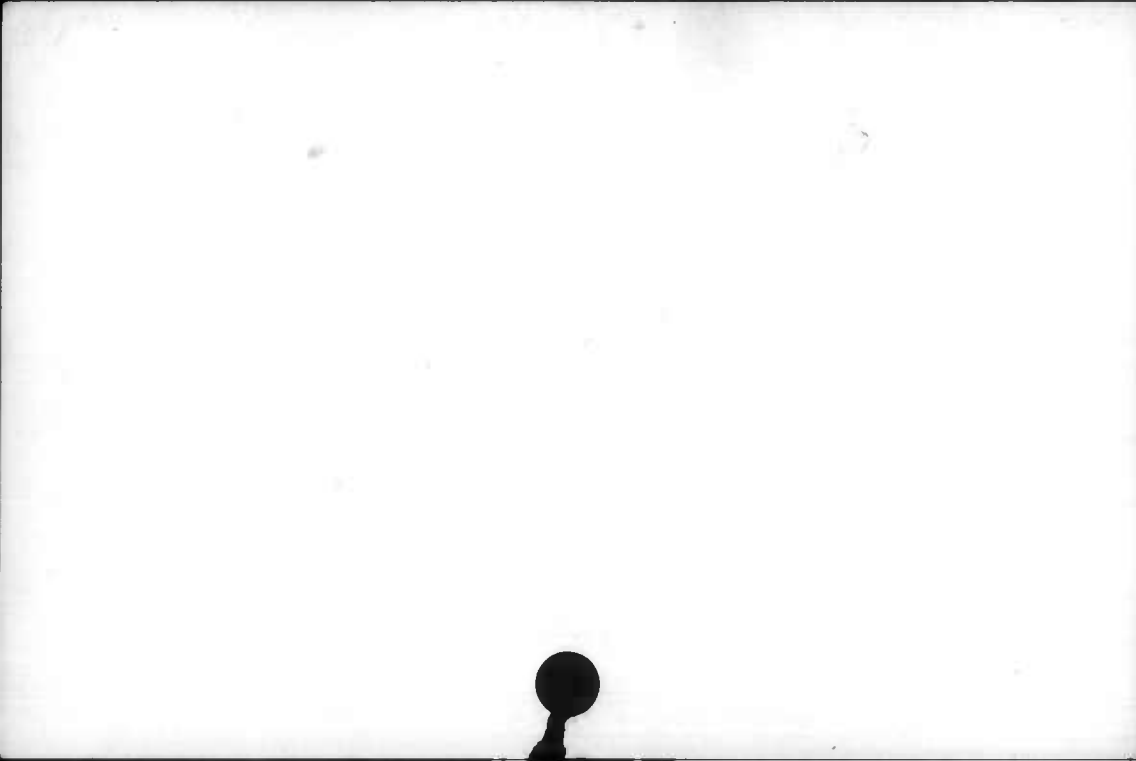
Oliver P. Byrd.
Died at ^{Town} Crisfield ^{County} Somerset MARYLAND
Date of death 1980 ^{Month} Jan ^{Day} 8 ^{Years} Age 56 ^{Months} ^{Days}
Sex ^{Male} Color or Race ^{White} Birth-place ^{Crisfield}
Occupation ^{R. F. D. Mail} Where Residing if not at place of death ⁺
Married, Single or Widowed ^{Married} Name of Wife or ~~Husband~~ ^{Lydia Byrd}
Father's Name ^{John Byrd.} Father's Birthplace ^{Crisfield}
Mother's Maiden Name ^{Matilda J. Lawes.} Mother's Birthplace ["]
Name of person giving Information ^{J. S. Lawson} How related to deceased ^{Cousin}

CAUSES OF DEATH

1009 ✓

PHYSICIAN
OR CORONER

Primary ^{Chronic Bright's disease} How long ^{How long}
Immediate ^{Strangulated Umbilical Hernia 4 days}
Are the name, age, sex, color, date and place correctly given above? ^{Yes} Signature of Physician ^{W. H. Hall}
^J Address ^{Crisfield Md}
Accident or Suicide



Name
in
Full

Amin Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

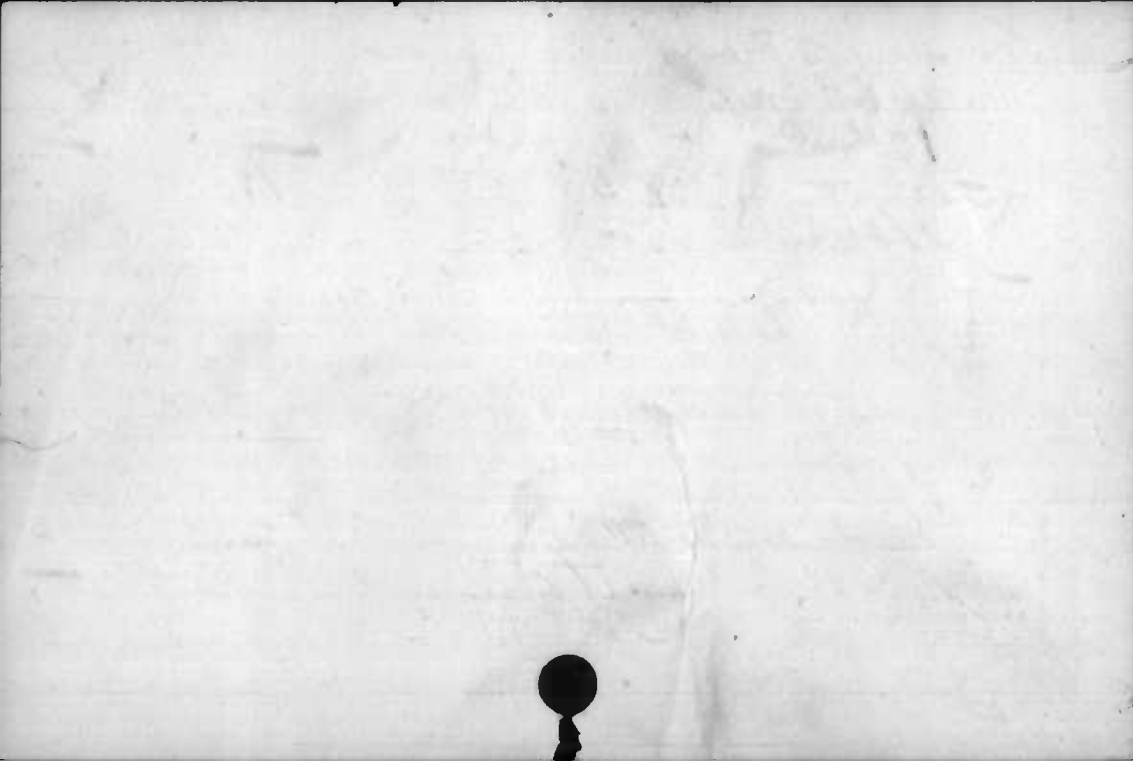
Died at <i>Beale Island</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death 19 <i>10</i> Year		Month <i>Jan</i>	Day <i>7</i>	Age <i>50</i> Years	Months <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>John W. Ford</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Larch Ann Jamison</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>John W. Ford Jr.</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Melancholia</i>	How long	<i>2-3 yrs -</i>
Immediate	<i>Mal-nutrition</i>	How long	<i>2-3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. G. Alexander</i>	
Address <i>Somerset Co</i>			
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary A. Gundry*
Town *Marion* County *Somerset*

MARYLAND

Died at *Marion* Month *Jan* Day *31* Age *15* Years Months *10* Days *-*Sex *female* Color or Race *white* Birth-place *-*Occupation *school girl* Where Residing if not at place of death *-*Married, Single or Widowed *-* Name of Wife or Husband *-*Father's Name *Warren Gundry*Father's Birthplace *Ind*Mother's Maiden Name *Emma M.*Mother's Birthplace *Ind*Name of person giving Information *Warren Gundry*How related to deceased *father*

CAUSES OF DEATH

47

Primary *Rheumatism* How long *1 month*Immediate *Pericarditis & Insipidus* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. J. Allen
Marion
Ind

Address

Accident or Suicide *-*PHYSICIAN
OR CORONER

1910
164

Name
in
Full

Leroy Holden

CERTIFICATE OF DEATH

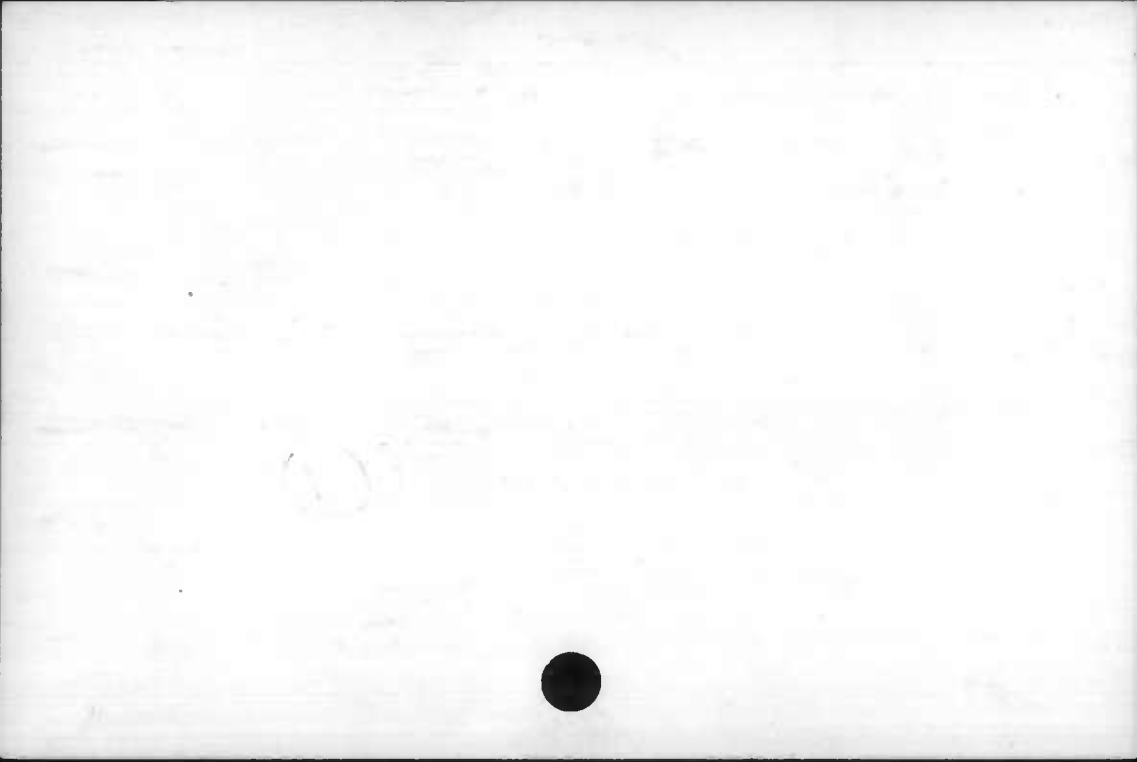
TO BE ANSWERED BY
NEAREST FRIEND

Disd at		Town <i>Marion</i>		County <i>Somerset</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Jan</i>	Day <i>25</i>	Age	Years <i>—</i>	Months <i>10</i>	Days <i>—</i>
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Somerset</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband <i>Infant</i>				
Father's Name	<i>Leroy Holden</i>				Father's Birthplace	<i>Somerset</i>	
Mother's Maiden Name	<i>Iddie Holden</i>				Mother's Birthplace	<i>"</i>	
Name of person giving Information	<i>Leroy Holden</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

Primary	<i>2000 Croup</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. G. B. Allen</i>
Address	<i>Marion</i>		<i>Ind.</i>
Accident or Suicide	<i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

James W. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

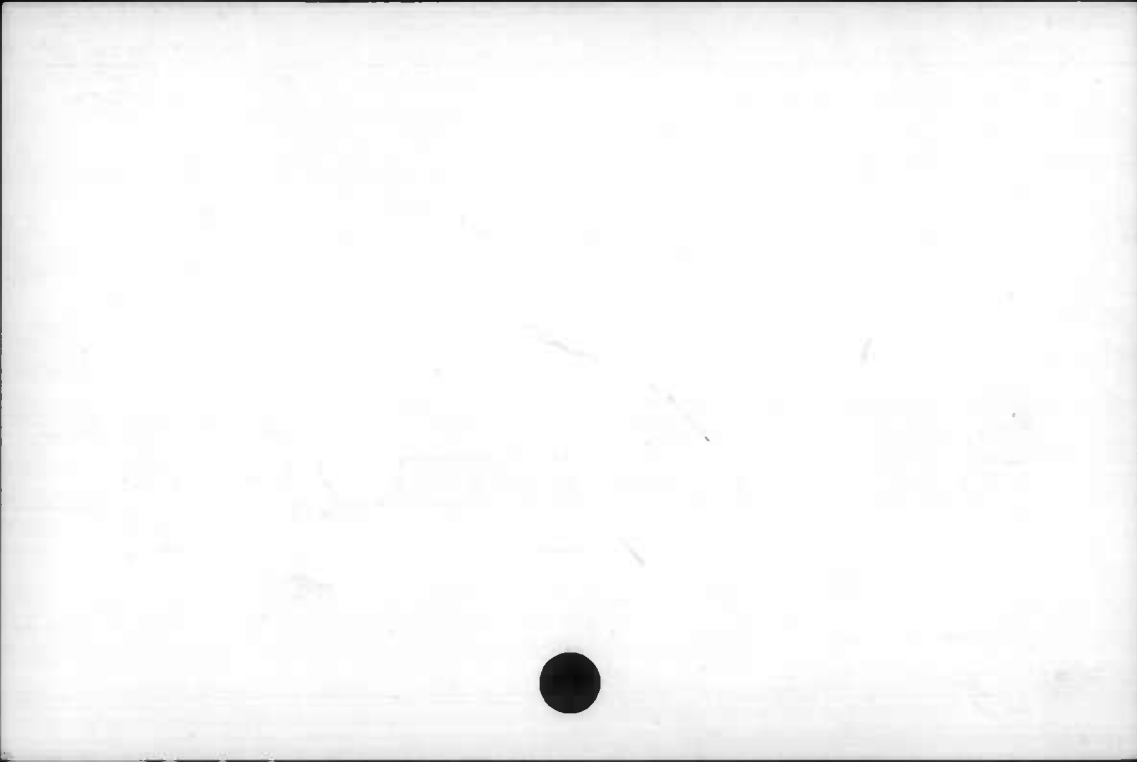
Died at <u>marion</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	19 <u>00</u> Month <u>jan</u> Day <u>23</u>	Age	<u>50</u> Years	<u>not know</u> Months	<u>not know</u> Days
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Somerset,</u>
Occupation	<u>Farming</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Jennie Johnson</u>		
Father's Name	<u>Samuel Johnson</u>		Father's Birthplace	<u>Somerset</u>	
Mother's Maiden Name	<u>Melby Ottersey</u>		Mother's Birthplace	<u>Somerset</u>	
Name of person giving Information	<u>Jennie Johnson</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

(27) ✓

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>2 yrs</u>
Immediate	<u>General Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Dr. J. G. Allen</u>	
Address		<u>marion</u>	
Accident or Suicide		<u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John I. Jones* Town *Chauce* County *Somerset* MARYLAND

Died at *Chauce* Date of death 1900 Month *1* Day *30* Age *—* Years *—* Months *—* Days *1*

Sex *Male* Color or Race *White* Birth-place *Chauce*

Occupation *—* Where Reaiding if not at place of death *—*

Marriad, Single *—* or Widowed Name of Wife or Husband *—*

Fathar's Name *John I. Jones* Father's Birthplace *Chauce*

Mother's Maiden Name *Leph. Campbell* Mother's Birthplace *" "*

Nama of person giving Information *John I. Jones* How related to decaased *Father*

CAUSES OF DEATH

64 *✓*

Primary *—* How long *—*

Immadiate *Apoplexy,* How long *4 hours*

Are the nama, aga, sex, color, data and placu correctly givan above ?

Signature of Physician *Geo B. Forney*

Address *Deale's Island Md*
Sub Registrar

PHYSICIAN
OR CORONER

Accident or Suicide *—*



Name
in Full

Priscilla H. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Months
1900		1	6	63		
Sex	Female	Color or Race	White		Birth-place	Somerset Co
Occupation	Housewife		Where Residing if not at place of death		"	"
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed	Name of Wife or Husband		Gabriel Jones			
Father's Name	Sandy White		Father's Birthplace		Som Co	
Mother's Maiden Name	Mary A. Scott		Mother's Birthplace		Som Co	
Name of person giving Information	Willie Jones		How related to deceased		Son	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate	asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. J. Windsor, M.D.
		Address	James Smiley Somerset Co., Md.
Accident or Suicide	no		



Name
in
Full

Isaac W. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Princess Anne		County		Somerset		MARYLAND	
Date of death		Month	Day	Years	Months	Days			
1980		Jan	6	Age	73	8		—	
Sex		Male		Color or Race		Colored		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		—		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Leah King			
Father's Name		Isaac King		Father's Birthplace		Maryland			
Mother's Maiden Name		Not known		Mother's Birthplace		Not known			
Name of person giving Information		Geo. N. King		How related to deceased		Son			

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary	Securality	How long	12 months
Immediate	Arteriosclerosis	How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Henry M. Laabert	
Address		Princess Anne, Md.	
Accident or Suicidal		No	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

County

CERTIFICATE OF DEATH

MARYLAND

Date _____

of death 19

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or WidowedName of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information _____

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

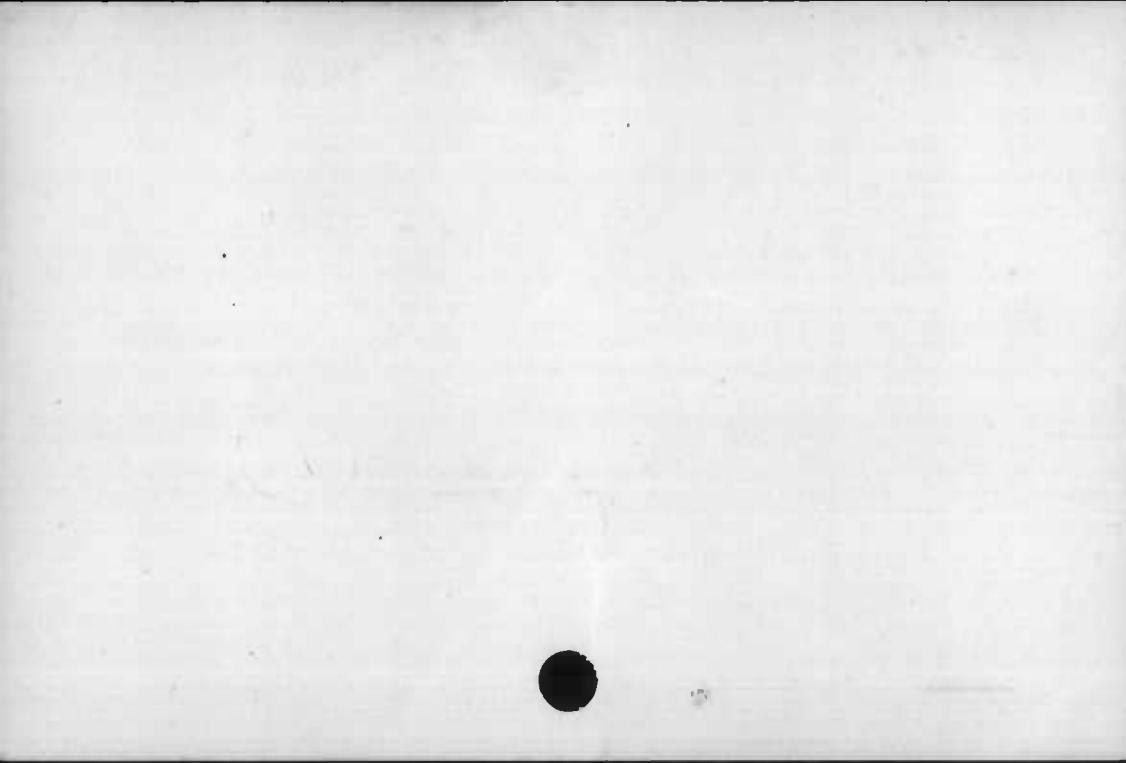
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Beulah Nelson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Crisfield* Town *Somerset* County
Date of death *1900 Jan. 19* Month *19* Day *10* Age *10* Months *10* Days
Sex *Female* Color or Race *White* Birth-place *Lawsonia*
Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Edward Nelson.* Father's Birthplace *Lawsonia*
Mother's Maiden Name *Hettie Sterling* Mother's Birthplace *"*
Name of person giving Information *Benj. F. Sterling* How related to deceased *Uncle.*

CAUSES OF DEATH

Primary *Pneumonia* *91* *✓*
How long *10 days*
Immediate *+*
How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

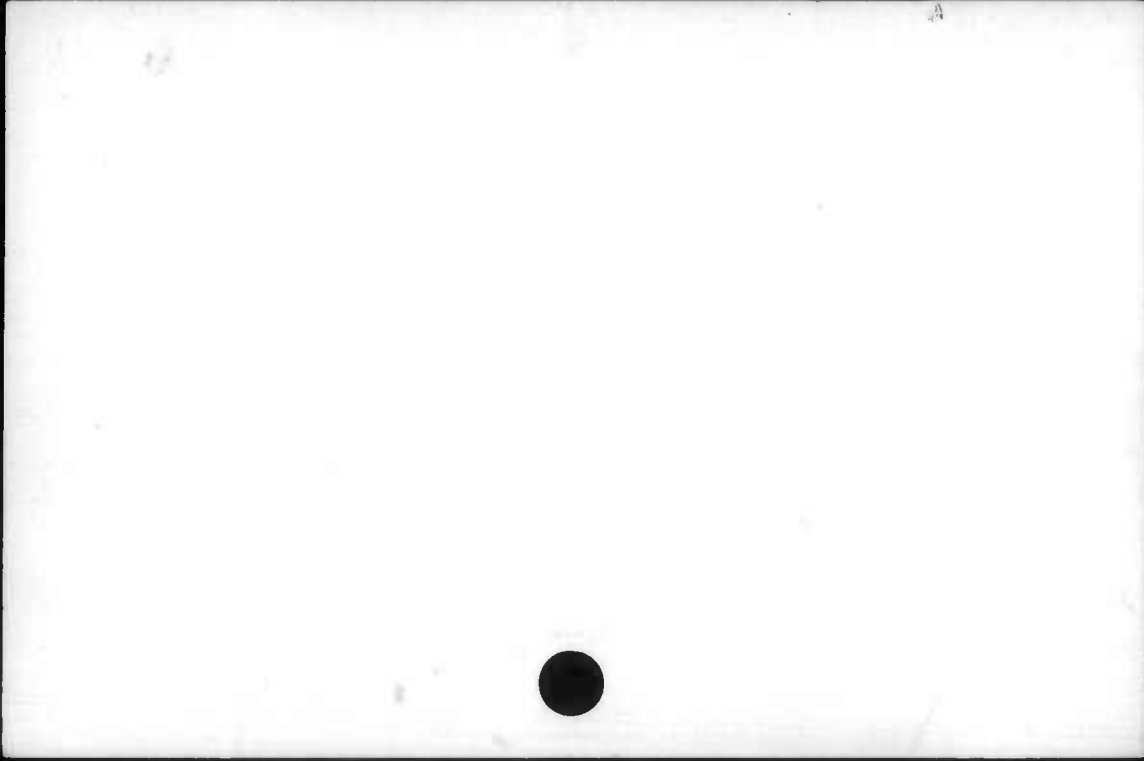
Signature of Physician

Address

W. F. Hall
Crisfield Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Edwin Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield ^{Town} Somerset ^{County} MARYLAND
Date of death 1910 ^{Month} April ^{Day} 20 ^{Years} Age 15 ^{Months} 3 ^{Days} 20
Sex male Color or Race Black Birth-place Crisfield Md
Occupation Optor Shucker Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name George Parker Father's Birthplace Va
Mother's Maiden Name Maggie Ward Mother's Birthplace Crisfield
Name of person giving Information Brother How related to deceased as stated

CAUSES OF DEATH

Primary Septicemia from Labor Pains How long 25 days
Immediate Uremic Poison How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

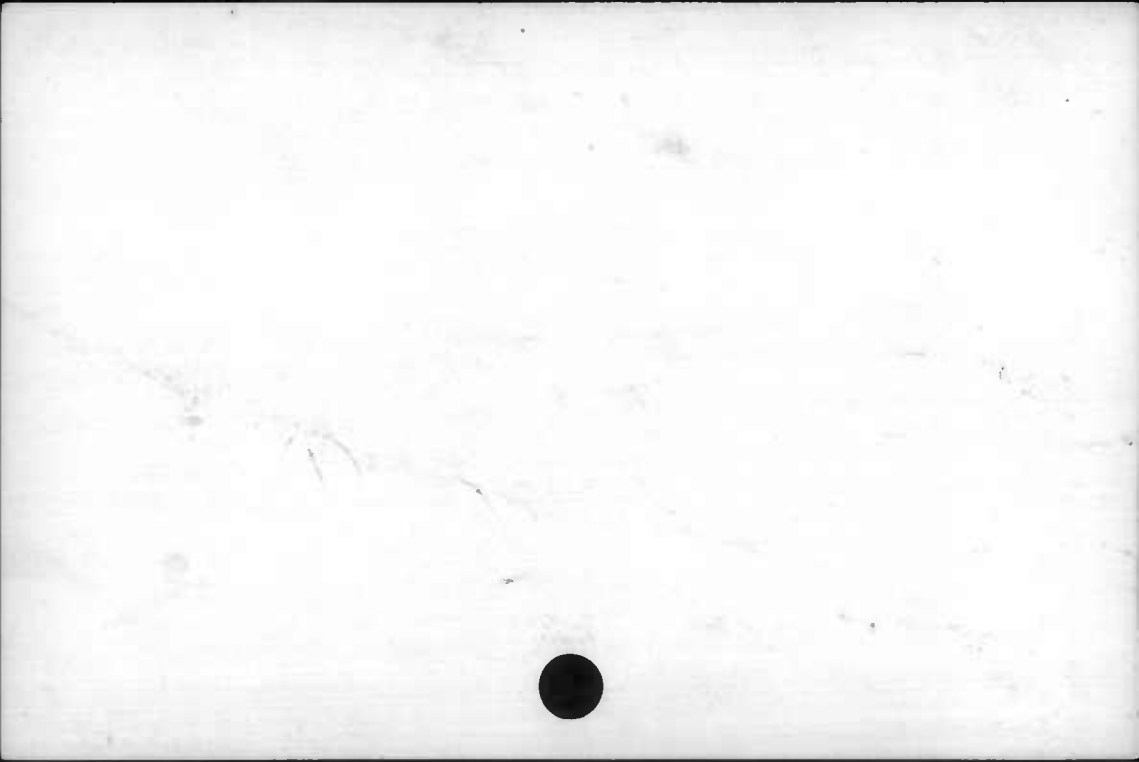
C. C. Ward

Address

Crisfield

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Henry Parkes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

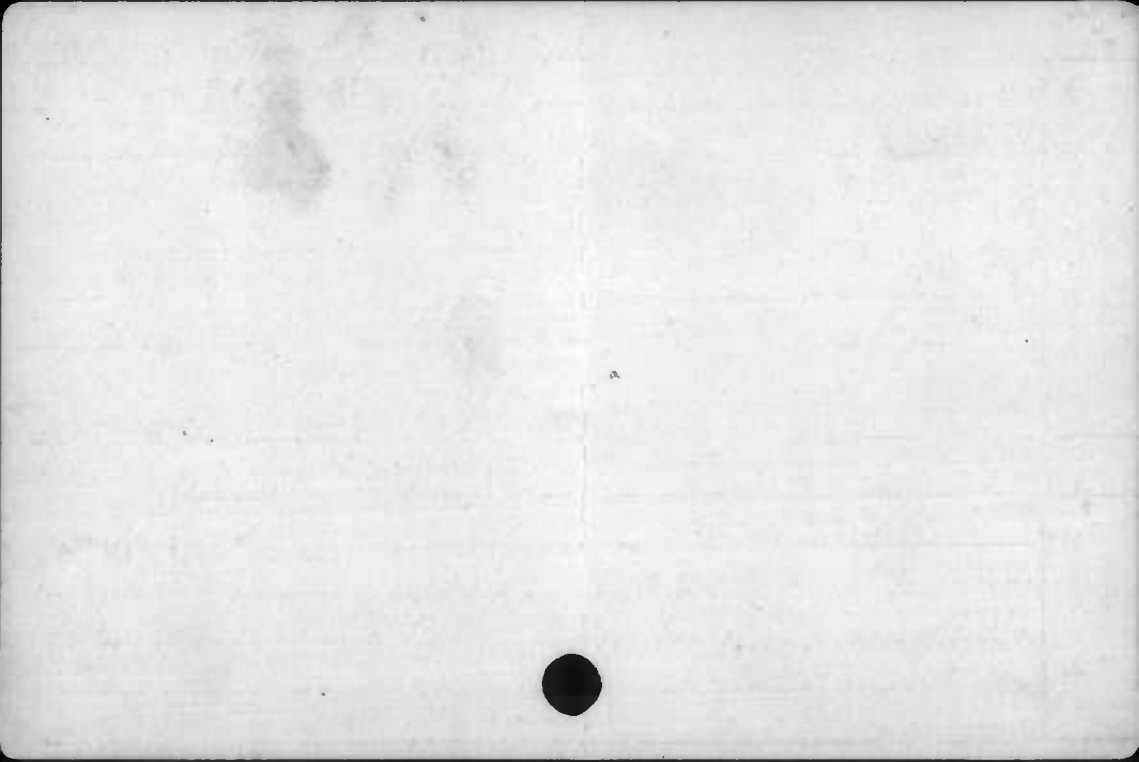
Died at <i>Upper Fairmount</i>		Town <i>Somerset</i>		County	
Date of death <i>1940</i>	Month <i>Jan.</i>	Day <i>28</i>	Age <i>57</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fairmount</i>		
Occupation <i>Oysterman</i>			Where Residing if not at place of death <i>Fairmount</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Parkes</i>			
Father's Name <i>John Henry Parkes</i>			Father's Birthplace <i>Fairmount</i>		
Mother's Maiden Name <i>Elizabeth Ann</i>			Mother's Birthplace <i>Fairmount</i>		
Name of person giving information <i>Edith Parkes</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's</i>	How long <i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. S. McLeod</i>
<i>D</i>	Address <i>Upper Fairmount Somerset Co. Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant *Supinski* County *Somerset*

Town *Mt Vernon*

Died at *Mt Vernon* Month *1* Day *21* Age *Years* Months *Days*

Date of death *1980*

Sex *Female* Color or Race *White* Birth-place *Somerset Co*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *J. H. Supinski* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Estelle Proebus* Mother's Birthplace *Somerset Co*

Name of person giving Information *Mrs Ann Dashed* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

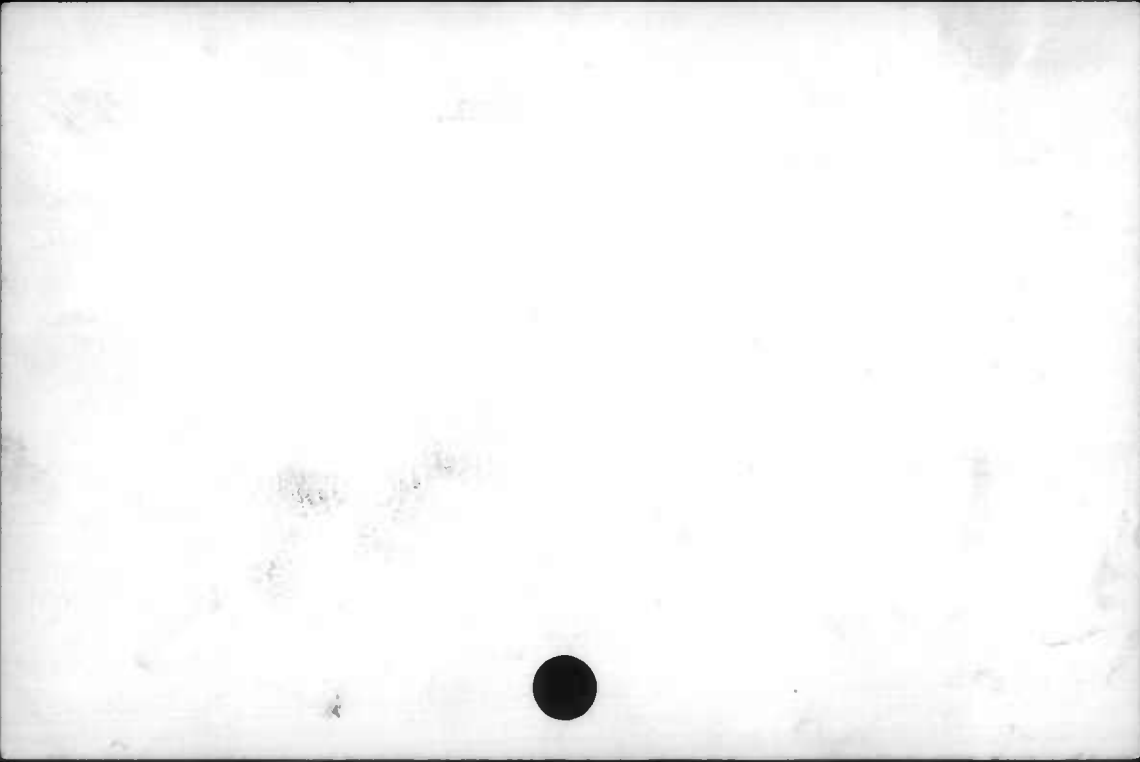
Primary *Failed to respond after long labor* How long *(13 1/2)*

Immediate *pro* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. R. D. apue* Address *W. F. D. No. 2.*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

J. L. Fritra
Died at *Wt. Vernon* Town *Somerset* County **MARYLAND**

Date of death *1960* Month *1* Day *20* Age *5-4* Years Months Days

Sex *Male* Color or Race *White* Birth place *Somerset Co*

Occupation *Waterman* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mrs. Labele Fritra*

Father's Name *Willis Fritra* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Eliza Cornell* Mother's Birthplace *Somerset Co.*

Name of person giving information *J. L. Fritra* How related to deceased *Son*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *La Grippe* How long *4 weeks*

Immediate *Chills, Florida* How long *4 weeks*

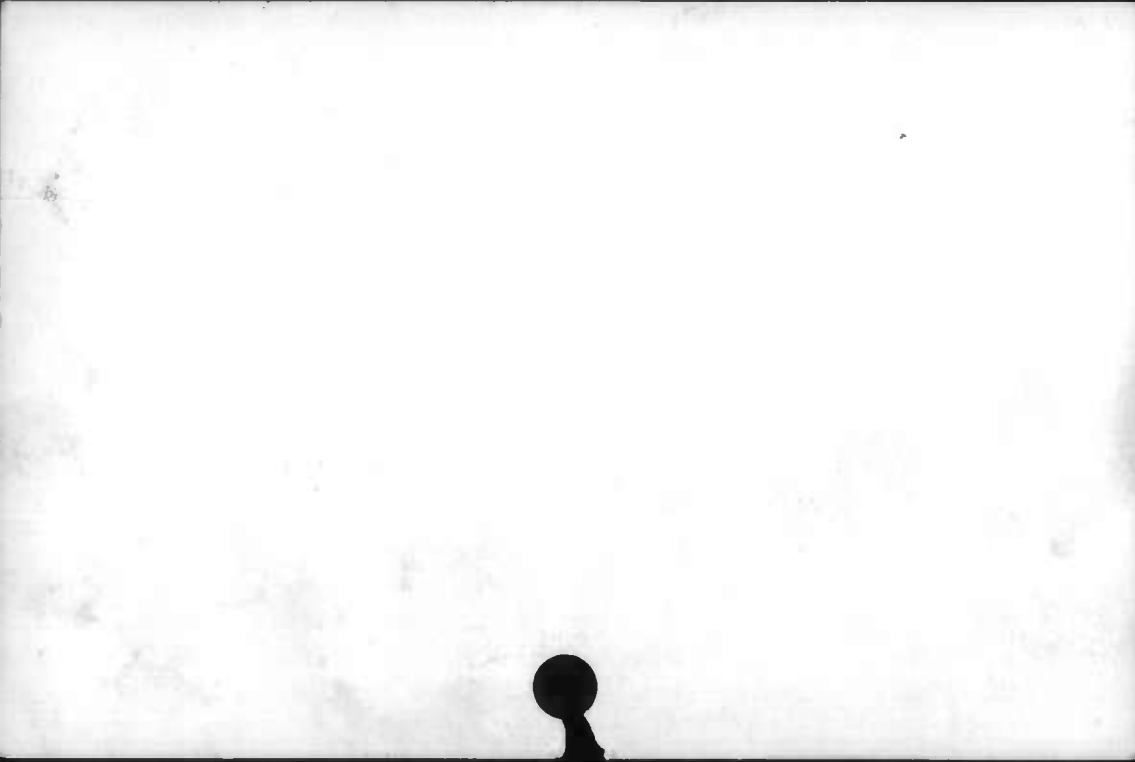
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. A. Ranges* Address *Princess Anne Md*

R.F.D. No. 2.

Accident or Suicide ☒

PHYSICIAN
OR CORONER



Name
in Full

Sallie Franklin Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Near Prussia Avenue ^{County} Somerset MARYLAND

Date of death 19 ^{Month} 10 ^{Day} 31 ^{Years} Age 42 ^{Months} ^{Days}

Sex ^{Female} Color or Race ^{White} Birth-place ^{Somerset Co.,}

Occupation ^{Housewife} Where Residing if not at place of death [—]

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Robert W. Waller,}

Father's Name ^{Robert Dashiell,} Father's Birthplace ^{Somerset Co.,}

Mother's Maiden Name ^{Sallie Waller} Mother's Birthplace ^{Somerset Co.,}

Name of person giving Information ^{Mrs. W. Dashiell} How related to deceased ^{Brother}

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

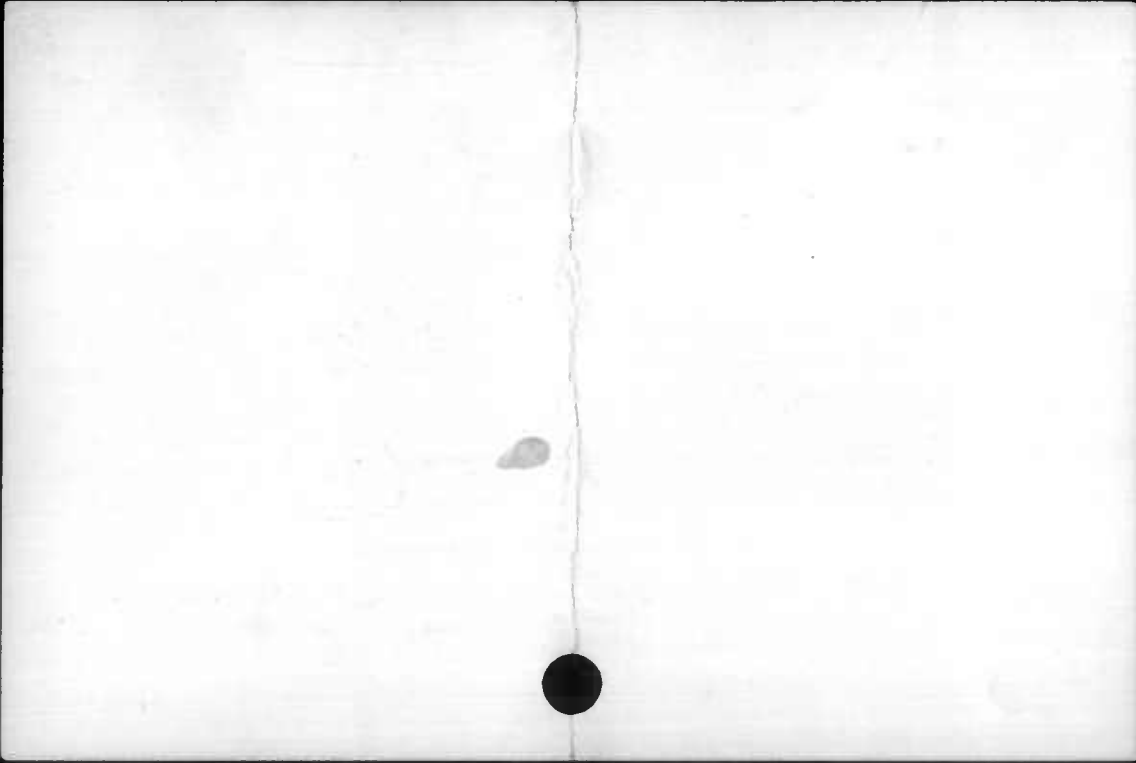
Primary ^{Laryngeal Tuberculosis} How long ^{7 years}

Immediate ^{Aspiration} How long ^{24 hours}

Are the name, age, sex, color, date and place correctly given above? ^{yes}

Signature of Physician ^{Henry W. Blankford} Address ^{Prussia Avenue Md.}

Accident or Sulfida ^{no}



Name
in
Full

Annie Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Princess Anne -		County Somerset -		MARYLAND	
Date of death		10	Month January	8 th	Day	54	Years
Sex		Female		Color or Race		Colored	
Occupation		House keeper		Birth- place		Somerset Co. Md.	
Merried, Single or Widowed		Widow		Name of Wife Husband		Horace Waters (Dead)	
Father's Name		Joseph Elzey		Father's Birthplace		Md.	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Ann Littleton Waters		How related to deceased		None	

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	How long	about 2 months
Immediate	Cardiac syncope & Exhaustion	How long	?
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. Henry Fisher M.D.	
Address		Princess Anne Md.	
Accident or Suicide		no.	



Name
in
Full

Stephen Waters

CERTIFICATE OF DEATH

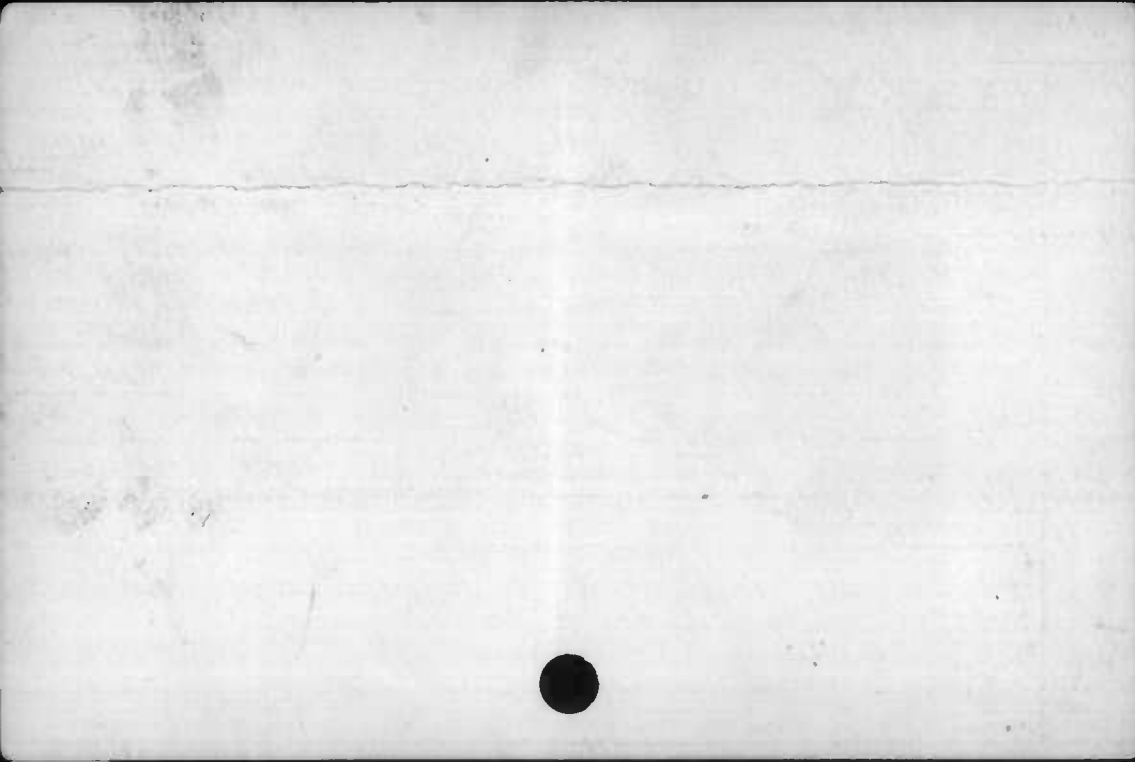
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Prusselme</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>Jan</i>	Day <i>20</i>	Years <i>About 75</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Harmer</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lizzie Waters</i>				
Father's Name <i>Harry Waters</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rhoda Riggins</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Arnold Cotton</i>	How related to deceased <i>Belser</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Securility</i>	<i>154</i>	How long <i>6 mos.</i>
Immediate <i>Asthma</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above <i>yes</i>	Signature of Physician <i>Harry M. Laubford</i>	Address <i>Prusselme Maryland.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

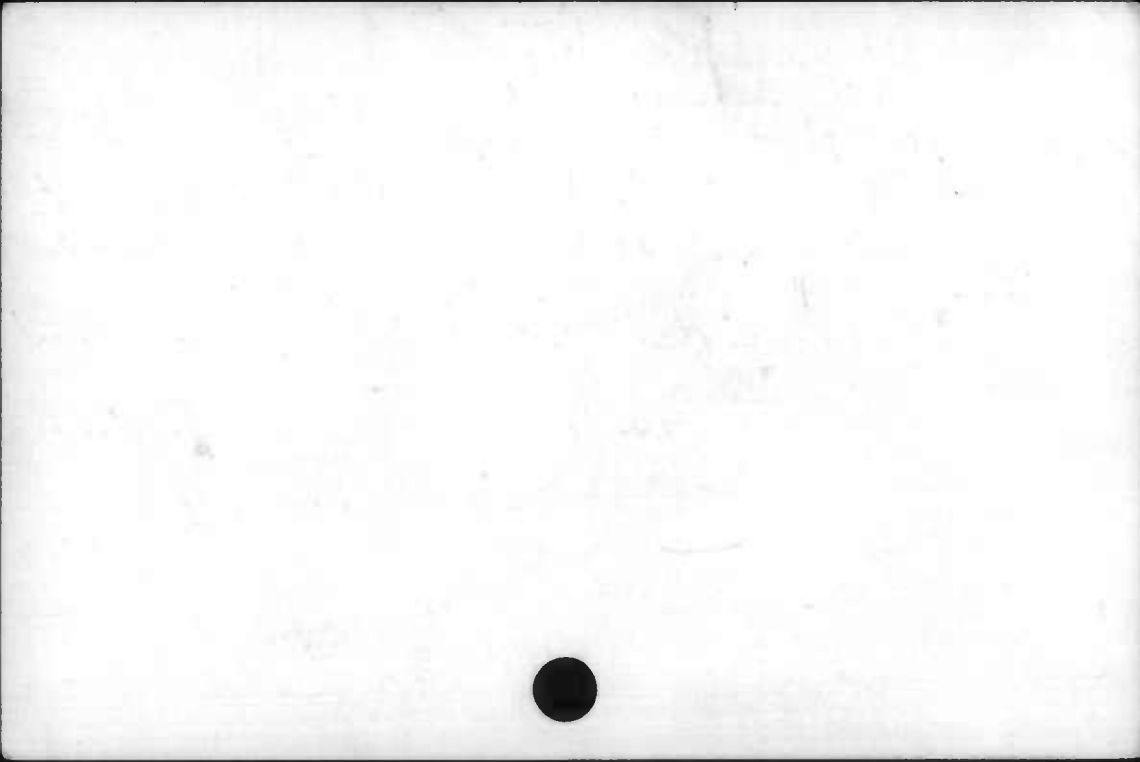
TO BE ANSWERED BY
NEAREST FRIEND

Name *Ralph A. Webster*
Town *Deal Island* County *Somerset*
Died at *Deal Island* MARYLAND
Date of death 19*00* Month *1* Day *18* Age *34* Years Months *3* Days
Sex *Female* Color or Race *White* Birth-place *Deal Island*
Occupation *Seamstress* Where Residing if not at place of death *Deal Island*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Alexander Webster* Father's Birthplace *Deal Island*
Mother's Maiden Name *Julia Windsor* Mother's Birthplace *"*
Name of person giving Information *Maggie White* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chorea* How long *2*
36 hrs
Immediate *Asthma* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. J. Schwartz*
Address *Deal Island*
Accident or Suicide *X*



Name
in
Full

Elbert A White.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Beach Island Somerset MARYLAND
 Town County
 Date of death 1960 1 14 3 14
 Month Day Years Months Days
 Sex Male Color or Race Colored Birth-place Wenona
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name George W White Father's Birthplace Wenona
 Mother's Maiden Name Lizzie Tilghman Mother's Birthplace Beach Island
 Name of person giving Information George W Tilghman How related to deceased uncle

CAUSES OF DEATH

Primary Catarrhal Pneumonia How long 5 days
Coma How long 3 days

Are the name, age, sex, color, date and place correctly given above?

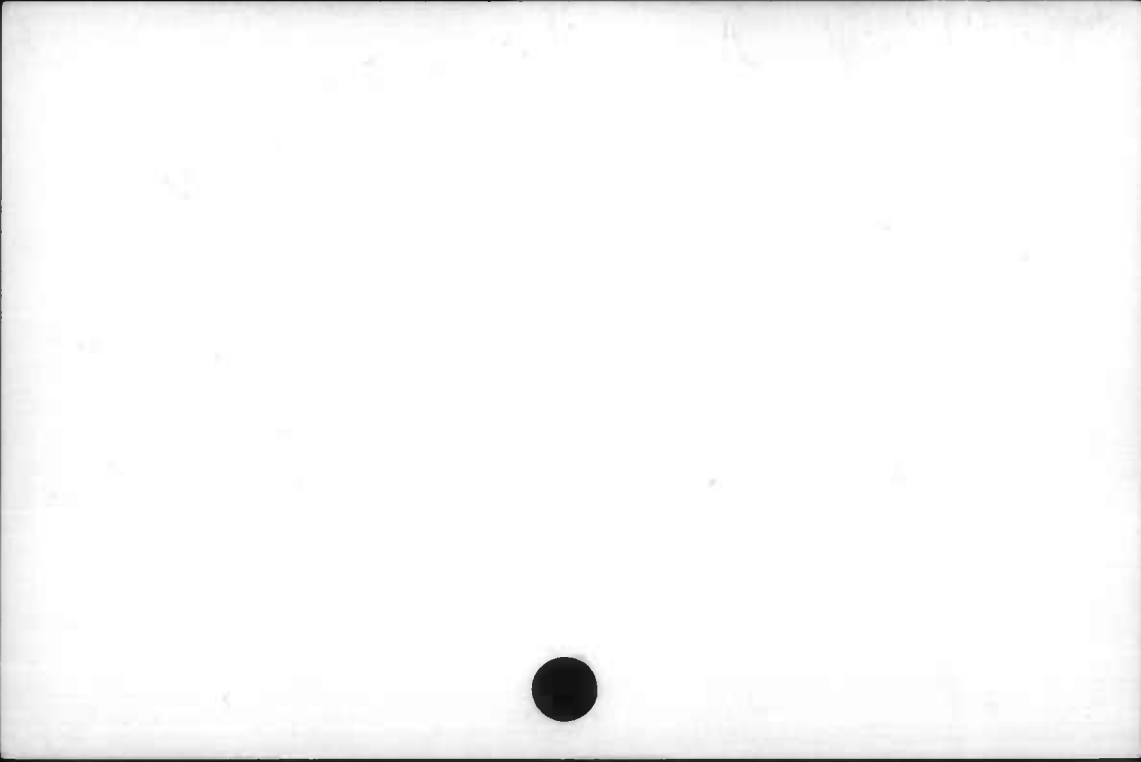
Yes

Signature of Physician

Chas. J. Schurke
 Address Beach Island, Md.

Accident or Suicide —

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No name Williams
Township County
Crisfield Somerset

MARYLAND

Date
of death

1960 Jan 21 Age 5 16

Sex

Male

Color or
Race

Black

Birth-
place

Crisfield Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

—

Mother's
Maiden Name

Annie Williams

Mother's
Birthplace

Md

Name of person giving
Information

Sam Hickman

How related
to deceased

none

CAUSES OF DEATH

Primary

Bronchopneumonia

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. F. Hall
Crisfield

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Dorothy May Wilson

CERTIFICATE OF DEATH

Died at

Crisfield

Town

County

Somerset

MARYLAND

Date

of death

1900

Month

Jan

Day

13

Age

Years

Months

5-

Days

Sex

Female

Color or
Race

White

Birth-
place

Crisfield

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Wilson

Father's
Birthplace

Crisfield

Mother's
Maiden Name

Ada Dise

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Wilson

How related
to deceased

Father

CAUSES OF DEATH

99

Primary

Pneumonia

How long

2 Weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Simonson

Address

Crisfield
Md.~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

